

CLAIMS ONLY						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	<del>✓</del>						51	<del>✓</del>		
	2	<del>✓</del>						52	<del>✓</del>		
	3	✓						53	<del>✓</del>		
	4	✓						54	<del>✓</del>		
	5	✓						55			
	6		✓					56			
	7		✓					57			
	8		✓					58			
	9		✓					59			
	10		✓					60			
	11		✓					61			
	12		✓					62			
	13		✓					63			
	14		✓					64			
	15		✓					65			
	16		✓					66			
	17		✓					67			
	18		✓					68			
	19		✓					69			
	20		✓					70			
	21		✓					71			
	22		✓					72			
	23		✓					73			
	24		✓					74			
	25		✓					75			
	26		✓					76			
	27		✓					77			
	28		✓					78			
	29		✓					79			
	30		✓					80			
	31	<del>✓</del>						81			
	32	<del>✓</del>						82			
	33	✓						83			
	34	✓						84			
	35	<del>✓</del>						85			
	36	<del>✓</del>						86			
	37	<del>✓</del>						87			
	38	✓						88			
	39	✓						89			
	40							90			
	41		✓					91			
	42		✓					92			
	43		✓					93			
	44	<del>✓</del>						94			
	45	<del>✓</del>						95			
	46	<del>✓</del>						96			
	47	✓						97			
	48	✓						98			
49						99					
50						100					
TOTAL IND.						TOTAL IND.	<del>✓</del>				
TOTAL DEP.						TOTAL DEP.	<del>✓</del>				
TOTAL CLAIMS						TOTAL CLAIMS	<del>✓</del>				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS